## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>3/18/09</u>	A .a	1700
Case #:	<u>96-03922</u>	Address:	1500 Block
County:	<u>Decatur</u>		West CR 150 North
	<u> 1900auu                                  </u>		Greensburg, IN
Type of Laboratory Seizure (check one)		Seizure Location (c	heck all that apply)
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☑ Dumpsite (only)		☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☑ Open - No Structure ☐ Other:
Coneck all III	nd: <u>Location (bedroom, kitchen, oper</u> at apply) /Ammonia Reaction(s):	<u>1 air, e(c)</u>	
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: Open Air			
Hydrochloric Acid Gas Generator(s): Open Air			
Corrosive Acid:			
Corrosive Base:			
	em and location):		
Child under age 18 discovered (check one)  Yes (number present)  No  Investigative Information  Ephedrine/Pseudoephedrine Tracking Log  Retail/Merchant Tip  Other: Field Contact			
<u>This report i</u>	s to be faxed to the following age	——— ucics that serve the loca	tion.
Fire Department: Greensburg Fax:			
Health Department: <u>Decatur</u>		Fax:	
Child Protection Service: N/A			
φ		ne <u>3172471852</u>	
This form is	s to be faxed to the Fire Department, Heal	th Department and/or Chita n	William Co

Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.